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Debriefing to Mitigate Post-traumatic Stress Disorder in Emergency Personnel

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ABSTRACT

Post-traumatic stress disorder (PTSD) and secondary traumatic stress (STS) pose a severe threat to the well-being of emergency room personnel who frequently experience all ranges and types of trauma. A definitive intervention is necessary, but debriefing, which has been used routinely, has been proven to be ineffective as a means to prevent sequelae of these events. Debriefing is not well executed, led poorly, and does not always produce the desired effect. Multiple alternative methods are available to improve debriefing. Additionally, alternatives such as resiliency training could prove more effective in mitigating the adverse effects of frequent or extreme trauma exposure. This project explores the research as a basis for the Cedar City Hospital Emergency Department to identify and implement the most beneficial method(s) of mitigating PTSD and STS.

PICO QUESTION

Are emergency department personnel who have a debriefing within 48 hours after a critical incident, compared with those without debriefing, at decreased risk for PTSD?

LITERATURE REVIEW

A review of the literature yielded a significant need for intervention, a lack of significant support for traditional critical-incident stress debriefing, support for improved means of debriefing, and strong emphasis on alternative interventions.

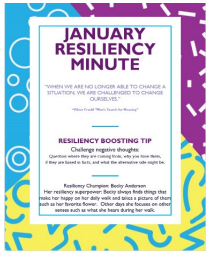
- Emergency workers up to 8% more likely than general public to develop PTSD [1].
- Of emergency nurses surveyed 85% had experienced at least one symptom of STS in the last week [2].
- Personnel do not benefit from brief debriefing, find it unnecessary, or have already moved on [3,4].
- Debrief modifications can prove beneficial in helping mitigate risk [5, 6, 7, 8].
- Resiliency training may prove to be the most beneficial way to mitigate the risk of developing PTSD or STS in emergency room personnel [1, 9, 10, 11].

PROJECT METHODOLOGY

Whereas the potential of being exposed to traumatic and critical events is unavoidable for emergency department staff, the need to find the most evidence-based solution is paramount. With the backing of the literature previously reviewed, this project seeks to move forward with improved debriefing methods that are more beneficial to the intended audience and efforts to incorporate resiliency within individuals as the primary means of mitigating the detrimental effects of frequent or horrendous incident exposure.

Project Implementation Methods

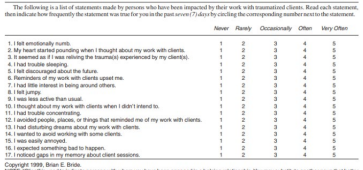
- Lesson plan and PowerPoint
  - Teaching current employees better methods of debriefing, resiliency techniques
  - New hire training in resiliency techniques to prevent PTSD/STS
- Monthly Infographic
  - Resiliency tip of the month
  - Exemplar of a colleague's resiliency strategies



Potential Project Impact

- Improved patient satisfaction scores
- Better patient care and outcomes
- Decreased caregiver burnout in Emergency and other healthcare arenas
- Retention of qualified, experienced, and knowledgeable staff

Project Evaluation Methods



SECONDARY TRAUMATIC STRESS SCALE

The following is a list of statements made by persons who have been impacted by their work with traumatized clients. Read each statement, then indicate how frequently the statement was true for you in the past *seven (7) days* by circling the corresponding number next to the statement.

	Never	Rarely	Occasionally	Often	Very Often
1. I felt emotionally numb.	1	2	3	4	5
2. My heart started pounding when I thought about my work with clients.	1	2	3	4	5
3. It seemed as if I was reliving the trauma(s) experienced by my client(s).	1	2	3	4	5
4. I had trouble sleeping.	1	2	3	4	5
5. I felt discouraged about the future.	1	2	3	4	5
6. Reminders of my work with clients upset me.	1	2	3	4	5
7. I had little interest in being around others.	1	2	3	4	5
8. I felt jumpy.	1	2	3	4	5
9. I was less active than usual.	1	2	3	4	5
10. I thought about my work with clients when I didn't intend to.	1	2	3	4	5
11. I had trouble concentrating.	1	2	3	4	5
12. I avoided people, places, or things that reminded me of my work with clients.	1	2	3	4	5
13. I had disturbing dreams about my work with clients.	1	2	3	4	5
14. I wanted to avoid working with some clients.	1	2	3	4	5
15. I was easily annoyed.	1	2	3	4	5
16. I expected something bad to happen.	1	2	3	4	5
17. I noticed gaps in my memory about client sessions.	1	2	3	4	5

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NOTE: "Client" is used to indicate persons with whom you have been engaged in a helping relationship. You may substitute another noun that better represents your work such as consumer, patient, recipient, and so forth.

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- Evaluations using Secondary Trauma Stress Scale completed shortly after traumatic incidents and at regular predetermined intervals
- Review with shared leadership councils and other entities with buy-in at half year and year mark
- Determine needs for significant alterations to improve outcomes, adjust program strategies as needed

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THEORETICAL FRAMEWORK

The straightforward John Hopkins Nursing Evidence-based Practice Model is the framework chosen to structure this project.

- Three-step PET (practice question, evidence, translation) process.
- Developed specifically to foster nurses in the finding, translating and using evidence quickly.
- Provides pathways for incorporating learning, practice, and feedback in a improvement process to advance the project continuously [13].

CONCLUSIONS

With 85% of nurses surveyed reporting symptoms of STS [2], increased incidence of PTSD than the general population [1], and traditional debriefing being ineffective at mitigating the risks, new methods of intervention are necessary.

- Debriefing techniques need to be more organized, better taught, and incorporate novel techniques.
- Predisposition to be resilient, or training to become more resilient, is a plausible, feasible, and prevalent means of intervening on behalf of emergency personnel, and potentially others, in an effort to mitigate the long-term effects of secondary trauma.

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